

# Themes and Thoughts From a Forum

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BEGINNING WITH THE DECEMBER 1979 issue and continuing through August 1980, the *WJM* has conducted a forum for dialogue and discussion of orthodox medicine, humanistic medicine and holistic health care. The forum was initiated with statements by persons known to have an interest in and knowledge of this subject, and readers of the journal were invited to submit their views constructively and succinctly. Many did so, and the discussion has been stimulating and, the editors believe, thought provoking for physicians and others interested in this subject. The promised summary, presented here, will focus on some of the themes and thoughts that emerged in the forum. Both published and unpublished materials were used in its preparation.

## **Wholism\* and Medical Practice**

There is substantial agreement that concepts of the whole patient have been part and parcel of medical practice "since the first shaman beat his drums." Hippocrates, Galen, Paracelsus, Avicenna, Maimonides, Osler and most recently Ingelfinger, orthodox physicians who together span the recorded history of medicine, all espoused the concept that physicians should consider patients as whole persons and indeed this is and continues to be traditional for orthodox medicine.

Beginning in the 18th and 19th centuries the mind, body and spirit began to be treated separately—with psychiatry treating the mind, medicine the body and clergy the spirit. As medical science developed, particularly in the 20th century, medicine has further divided the body and

the treatment of its ailments into many specialties and subspecialties. Since World War II a whole generation of physicians has developed for whom the role models have been physician specialists in one or another of the differentiated branches of medical science. As curing became more possible, caring became less personal, and too often received less of these increasingly busy physicians' time and attention. And now it appears that a reaction has begun. In medicine it started with the students who in large numbers began to seek training in primary care of the whole patient, with emphasis on the caring function. This seems to be much more than a passing fad. It has already brought about significant changes in medical education and bids fair to influence medical practice profoundly. Meanwhile public perceptions were that scientific medicine had developed to the point where curing was to be expected and that if it did not occur something had to be wrong. Disillusion occurred when it turned out that scientific medicine did not assure health and that much of orthodox medical practice seemed to be losing the ability to make people even feel better. A result is that many people are now seeking care and comfort from alternative approaches, and physicians are increasingly being held liable in court when patient or public expectations of care are not fulfilled.

The pendulum has clearly swung too far, but it is starting to swing back. A new generation of physicians is looking more to the whole patient, and there is a new and growing emphasis on helping patients to achieve health, well-being and quality of life by coordinating the forces of mind, body and spirit. But there are clearly dangers in the present situation. The rubric of humanistic medicine and holistic health care may lure an

\*Throughout this article the spellings *wholism* and *wholistic* appear in some instances and *holism* and *holistic* in others. This is purposeful, the intent being to use *wholistic* where the reference is to orthodox medicine and *holistic* when discussing the movement called holistic health care.

unwary physician beyond what is known through experiment and experience, and beyond a professional commitment to suggest interventions that are superior to alternatives and that have a value outweighing the risk. For the public the rubric of humanistic medicine and holistic health has too often provided a tent or umbrella under which slick-talking entrepreneurs can prey upon the resources of the ill, unhappy and dissatisfied; cultists can promote undocumented and unsubstantiated beliefs; and faddists can follow fashion or create their own. Both public and profession should beware of charlatans who advertise as holistic healers without any special qualifications.

Wholism has never been lost in medical practice but there has been a shift of emphasis that has been quantitative but not qualitative. There is need to restore a better balance of caring and curing, and of the whole and the parts.

### **How Much Is Science and How Much Faith?**

It has become somewhat of a tenet of orthodox (allopathic) medicine that its methods are scientific and that those of other systems are not, or at least are less so. It is more or less assumed that what is scientific or scientifically *proved* is correct, and that what is not, or has not been, is at the very least suspect. But when one examines the interfaces of orthodox medicine with some of what is called humanistic or holistic medicine things become somewhat blurred. Michael Halberstam in a recent editorial notes some complete reversals in the last 15 years in what had been considered scientific medicine. He cites the treatment of cardiogenic shock, congestive heart failure and diverticulitis as examples (Halberstam MJ: The world turned upside down—Vasodilators, high-fiber diets, and other heresies [Editorial]. *Mod Med* 48:11-16, Jun 15-30, 1980). This has to be a humbling commentary on the dependability and even the current correctness of anything in scientific medicine. Then too, much of what is accepted and practiced as orthodox medicine, which has been found by experience to work, has not and may never be proved scientifically. There is quite a lot of glass, as well as a lot of solid construction in the house that orthodox medicine builds for itself when it rests its case on *scientifically proved* treatments.

This raises the question of faith and its role in treatment. There is reason to believe that mind, body and spirit may all be somehow involved in

this modality. The placebo effect is well known in medicine, but what is not known is how often this faith accounts for the beneficial effects of other treatments, whether administered by allopaths or others. Certainly it appears that many systems of treatment, whether of the mind, body or spirit, or whether orthodox or other, make effective use of this as yet unscientific modality, whether consciously or unconsciously. It may be that many if not most alternative therapies (which may not have been shown effective by scientific methods) depend in part or entirely on faith for their effectiveness. The danger is that it will be considered that the therapy, not faith, was the effective agent.

Alternative health care methods may be divided into four categories: (1) biofeedback and other autogenic techniques; (2) introduction of Eastern approaches to medicine that rely on stress balance and integration of mind and body, such as massage, meditation or Tai-Chi, for example; (3) sensory awareness, dance, visual arts, music, and (4) some more formalized systems such as chiropractic, homeopathy and acupuncture. Many holistic approaches are part of the practice of most physicians at present—methods dealing with diet, exercise, rest, relaxation or coping with stress, for example.

The scientific method is an important tool which historically has only relatively recently been introduced into medicine. It is the hallmark of orthodox medicine. Basically it asks for evidence or proof that something works under the scrutiny of objective review. The process is slow and has yet to be adapted for study of all the approaches to treatment of mind, body and spirit, and rational and scientific techniques have less than fully revealed how both the human and social organisms work. Should we do nothing while waiting for information from a cumbersome, if careful, scientific approach? Physicians have always been open-minded about alternative methods, but do ask for objective proof or evidence that they work in the objective review of science. Orthodox physicians also oppose charlatans, cultists, faddists and others who would take advantage of the sick or distressed unwary, and will continue to do so.

### **Reductionism and Wholism**

Reference was made earlier to the differentiation that has occurred in what originally may have been a more wholistic approach to care and

cure. The separation of mind, body and spirit did not separate the need to prevent illness (mind, behavior), to relieve disease (body, medicine) or to develop the fullest health (spirit, quality of life) even though the therapeutic approaches fall into separate hands. The scientific approach with its heavy emphasis on linear causation developed a scientific method that was heavily reductionist, focused more on the parts than on the whole, and had the effect of dividing scientific medicine into an ever greater number of technological subspecialties. It even began to pit man against nature and spoke of magic bullets and the conquest of cancer.

But there is reason to believe that there is more to medicine than is revealed by the rational scientific reductionist approach founded on the concept of linear causation. It is suggested that there is a need to look further and to examine alternative ways that have worked well for some people in the marketplace of patient care. It is noted that sometimes scientific rational support has been found for techniques previously considered irrational or nonrational. One contributor to the forum cited the philosopher William James as saying that orthodox institutions react to new theories first by attacking them as absurd, then admitting them to be true but obvious and inconsequential, and finally by considering them to be so important that the orthodox institutions claim to have discovered them themselves.

In the holistic view, disease processes should be understood in a broader context than linear causation—that is, as resulting from interactions of multiple factors—and it is suggested that this emphasis on multiple causes and multiple treatments is new. But rather than being content with either linear causation or causation by interactions of multiple factors, some seek a unifying concept, and proponents of orthomolecular medicine see man as a biochemical system that can encompass linear and multiple causation as well as unite the mind, body and spirit into a single system. In any case one cannot help wondering if the scientific method, as we know and use it now, may not be too simplistic to solve the very complex problems of interactions of multiple factors.

### **Emerging Role of the Patient-Person**

For whatever reasons, there is a new emphasis on patients as persons; as persons who have genuine responsibilities in their own care when

ill, and in the maintenance of their own health when well.

Norman Cousins is quoted as saying that every patient carries his own doctor around inside him, but every experienced physician knows that many if not most persons, especially those who have pain or fear they cannot relieve, seek help from outside of whatever resources they can muster from within themselves. Often they are more like supplicants looking for a higher power to help them. Experienced physicians also know that in the final analysis all a physician can do is to use the knowledge and skills of medicine in its broadest sense to assist nature to repair the injury or heal the illness. Although the art of medicine has never found a place in the medical curriculum, good physicians somehow learn from precept or experience to incorporate major principles of humanism and wholism into this process. Even with the growing emphasis on patient responsibility in medical and health care, there is little doubt that modern medicine still retains a basic relationship with patients that is in the realm of the spiritual. A distinguished neurologist points out that faith or confidence is what underlies the placebo effect however it may work.

But holistic health encourages a transition away from patient dependency (which is sometimes fostered by traditional medical practice) and encourages self-reliance and responsibility, and even self-care. In this sense the holistic and consumer movements have much in common. There is a new recognition and support of a patient-person's right to determine what will be done with his or her own body, and the relatively recent legal doctrine of informed consent seeks to make certain that this is the case in patient care. A patient with a brain tumor requiring an operation for its removal may decline to have this done, with or without the advice of any holistic healers, depending on how he views the process and the likely outcome. In fact the trend is toward individual freedom of choice of treatment whether this be conventional or otherwise.

When one moves on into the realm of health maintenance and prevention, the patient-person is beginning to be assigned a new and much more responsible role. To fulfill this role patient-persons need to be taught to assume responsibility for themselves and to achieve or maintain health through modification of unhealthy attitudes, values, habits or life-styles. It is here that medicine and the holistic health movement share much

common ground, and indeed these measures can contribute a larger positive effect on a patient-person's health, well-being and quality of life than does most caring and curing. What is true for patient-persons applies equally to the health of the public, and may also be true for society as a whole when it attempts to interact with a variety of genetic and cultural heritages.

### **Interfaces of Health, Environment and Illness**

The contemporary system of medical care in the United States is one of detection and cure. It is not particularly geared to prevention of disease or promotion of health. In a sense there has been a gap between the treatment of disease and the promotion of health. Prevention and perhaps rehabilitation or restoration are at the interface between illness and health and are recognized specialties of medicine but so far relate more closely to illness than to what might be called wellness or health. In recent years programs to teach medical students, patients and the public about health have come into being and gained support. Also at this interface is the question of whether prolongation of life is an end in itself and whether health is a goal in itself or whether these merge with questions of what is health for and the concept of quality of life. It was noted that the answers to these questions differ among patients and persons (and among doctors) and the role of the healer is to help the patient or person to achieve his or her own goal.

If health is thought of in terms of a sense of well-being, of the good life and of the totality of existence, then the problems of the human organism merge with the problems of *organism earth* or the environment. It was suggested that behind most of the holistic dialogue lies an awareness that we cannot separate the internal from the external environments. At this interface health becomes a synthesis of the internal and external environments. Carried further, holistic means integration of all parts of the whole with health and illness as part of a continuum from the molecular to the ecological. And experienced physicians certainly know that bodily or mental states (will, spirit, life force) can at times tip the balance between health and illness, and even between life and death.

So the interfaces of illness, health and environment, and around again to illness when there is a disruption of balance between internal and external environments, seem to be shared by ortho-

dox medicine, humanistic medicine and holistic health care, although at present each may place greater emphasis on one or another of these interfaces.

### **Social, Economic and Political Factors**

Social, economic and political factors were important in the development of orthodox or allopathic medicine to a position of dominance over other systems of medicine, and social, economic and political factors are now contributing to the growth of humanistic medicine and holistic health care, and to the resurgence of strength among a number of nonallopathic systems of medicine. In California at least, holistic health has become a political movement with real political leverage, and with objectives that are political as well as therapeutic.

Beginning in the last century this nation began to develop what has become an elaborate medical care delivery system as a means of improving health. The reasons were probably more social, economic and political than therapeutic. As the health care system evolved, socioeconomic factors began to drive a wedge between doctors and their patients, and as the system became more costly many physicians could no longer afford to practice wholistic medicine; furthermore the socioeconomic problems of the nation began to be blamed on medicine by a public that had become disillusioned and frustrated. However, the political, economic, social and cultural strength of orthodox medicine and the commitment to a health system to improve health both continue, and it is unrealistic to expect that holistic practice will overcome orthodox or allopathic medicine, but there is reason to expect that because health policy responds to pressure, opinion and belief, a larger portion of the health care dollar will be allocated to the behavioral and environmental aspects of health. This has already begun.

### **Medicine at a Crossroads**

It seems that what we have called orthodox medicine may be at a crossroads. It can follow its reductionist scientific approach to its logical conclusion, at which point physicians would become simply technicians skilled in the use of medical science to treat or cure illness or injury attributable to a specific biological cause. Or it can continue to embrace the whole in the tradition of Hippocrates, and develop whatever disciplines or methods that are necessary to be physi-

cians to persons or to society in a more wholistic sense of persons or societies interacting with each other and with what one contributor to the forum called "organism earth."

It may be that doctors and patients have different ideas about the role of today's doctors. Physicians trained in the reductionist scientific approach to patient care often tend to see their role as somewhat cold, scientific and even impersonal, whereas patients may need and expect something more than this to make them feel better. The science and socioeconomics of medical practice have made enormous demands on a doctor's time and the priority has gone more to what is in doctors' heads than what is in their hearts, and too often caring has been superseded by doing. Then there is the question of how much can be taught and how much can be learned in medicine and how far does medical practice extend beyond the treatment of specific illness, injury or emotional disturbance after it has occurred. And if medical practice is to become more wholistic, then will the theory and methods of linear causation be adequate to make wholism scientific or will other scientific methods and approaches need to be found and applied? These are some of the problems to be addressed by orthodox medical practice at the crossroads.

There is a considerable amount of wholism in medical practice today. One aspect of holistic health care is that the therapist and the client or patient view the problem from the same perspective and often consider a variety of approaches to treatment. This is done in orthodox practice as well, but it does take time and it does require the bridging of cultural and linguistic barriers between doctor and patient. It is noteworthy that the legal doctrine of informed consent requires that all options be disclosed and discussed with every patient. It is also noteworthy that birthing in orthodox medicine is becoming much more holistic in its approach and the very recent hospice movement is bringing many more holistic concepts to care at the other end of the life-span.

Thus it would appear that while the reduction-

ist linear causation approach of today's medical science may be pushing physicians toward a role of medical technician, there are other forces and other traditions that view orthodox medical practice in a broader more wholistic perspective, and these are also very much alive in today's medical practice.

### **How to Go**

It was suggested by many contributors that there be a reaffirmation of Hippocratic and Oslerian principles, that all of medicine is one and that physicians should play a leading role in its development and application. It is probable that neither orthodox medicine nor holistic health care fully understand the other approach, in fact there is some of each in both. It is necessary to separate out quackery wherever it exists and to document the effectiveness or ineffectiveness of improved treatment methods. It may be necessary to develop better research methods and research tools to address systems where many interactions are taking place almost simultaneously. The role and mechanism of faith, spirit and will in health and illness need more study and greater understanding.

One contributor identified the following as the great needs today in the field of health and medicine:

- To continue scientific advances in the basic medical sciences and indeed in all aspects of medicine and health;
- To establish a proper balance of the science and the art of medicine in keeping with the long tradition of medicine;
- To encourage the education of all people, and particularly children, as to their own personal health, and their personal responsibilities to attain and maintain it through proper nutrition; the development of a healthy attitude toward themselves and life; proper exercise, rest and relaxation; avoiding harmful agents as much as possible, and establishing periods of freedom from tension.
- To make available to everyone at reasonable cost and with easy access, medical and health care of high quality.